

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07947

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Thomas
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:
Cambridge RFD#3

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Thomas
(If outside city or town limits, write RURAL and give nearest town)Street No. Cambridge RFD#3
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME

Bruce Beatty

3.(b) Social Security Number

4. Sex male 5. Color or race white 6.(a) Single, married, widowed, or divorced single

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 3, 19048. AGE: Years 48 Months 42 Days 11 If less than one day 19 hrs. min.9. Birthplace Oil City, Pa.
(Town, county, and state)10. Usual occupation None

11. Industry or business

12. Name E. C. Beatty13. Birthplace Pa.14. Maiden name Ida Holm15. Birthplace Pa.16. Informant Family records

Address

17. Burial Date thereof Sept. 25, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Rose HillLocation Oil City, Pa.18. Funeral director Le Compte Funeral ServiceAddress Cambridge, Maryland.19. 7-23-1947 Registrar John M. ...
(Date rec'd by registrar)

MEDICAL CERTIFICATION

about

20. DATE OF DEATH Sept. 22 1947 at 2 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from X X 1947 to X X 1947and that I last saw him alive on X X 1947

Immediate cause of death

Alcoholism (Chronic)

DURATION

several yearsDue to Had drank in excessiveamounts almost continuouslyDue to during the last 6-7 weeks.Other conditions X X

(Include pregnancy within 3 months of death)

Major findings of operations X X

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Dr. H. Shivers, Dep. Md. Com.Address Cambridge, Md. Date signed Sept. 22/47

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SEP 25 1947
BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 47d

CERTIFICATE OF DEATH

07948
Reg. Dist. No. 113

1. PLACE OF DEATH:

County Dorchester
City or town Vienna, Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Seven years
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Md. County Dorchester
City or town Vienna
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2.(a) If veteran, name war _____

3. (a) FULL NAME

Jack Cleary

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife _____ 6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Oct. 19 1907

8. AGE: Years 39 Months 11 Days 1 If less than one day _____ hrs. _____ min.

9. Birthplace Alabama

10. Usual occupation Construction Employee

11. Industry or business _____

12. Name Jim Cleary

13. Birthplace Alabama

14. Maiden name Don't know

15. Birthplace Alabama

16. Informant Mrs. Lucy James

Address Vienna, Md.

17. Burial, cremation, or removal (Which?) Burial Date thereof 9/21/47
(month) (day) (year)

Cemetery or crematory Cemetery

Location Vienna, Md.

18. Funeral director F.B. Wilton & Son

Address East New Market

19. Sept. 21 19 47 Elizabeth R. Becht
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 18, 1947 at 12:55 A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 23 1947 to Sept 18, 1947

and that I last saw him alive on Sept 10, 1947

Immediate cause of death myocardial failure

DURATION 1 day

Due to Carcinoma of lung.

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Lawrence Maryanov

M. D. or other _____

Address 136 Ray St. Cambridge, Md. Date signed 9/19/47

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SEP 23 1947

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07949

Reg. Diat. No. 116

1. PLACE OF DEATH:

County L. Dorchester
 City or town Linkwood
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Nina B. Coates

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Chas. F. Coates

7. Birth date of deceased (mo., day, yr.)

Feb 14 - 1888

8. AGE:

Years	Months	Days	If less than one day
<u>59</u>	<u>7</u>	<u>11</u>	<u>hrs. min.</u>

9. Birthplace

Dorchester Co.
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Robert J. Christopher

12. Name

Ida A. Marshall

13. Birthplace

Dor Co.

14. Maiden name

Mr. Walter Raleigh

15. Birthplace

Linkwood, Md.

16. Informant

Bourial

17. (Burial, cremation, or removal: Where?)

East New Market

18. Location

East New Market, Md

19. Funeral director

Kenneth R. Thomas

Address

Cambridge, Md

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Dorchester

City or town Linkwood
 (If outside city or town limits, write RURAL and give nearest town)

Street No. none
 (If rural, give LOCATION)

2. (a) If veteran, name war none

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 24 1947 at 4:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8/10 to 9/24 and that I last saw him alive on 9/23

Immediate cause of death Carcinoma Liver DURATION ?
(Metastatic)

Due to Metastasis from DURATION ?
Left Ovarian Epith.

Due to Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of 9-28-1947

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John Marshall M. or other Registrar

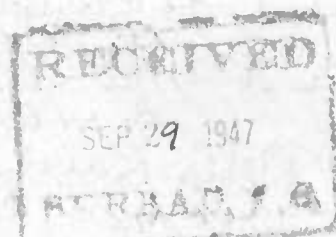
Address Cambridge Md Date signed 9/25/47

19. 5-26- 1947

(Date rec'd by registrar)

John Marshall
Registrar

430



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93e

07950

CERTIFICATE OF DEATH

Reg. Dist. No. 110

1. PLACE OF DEATH:

County... Dorchester
 City or town... Hurlock - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?... Life
 Hospital, institution, or street address where death occurred:
Harrison Ferry
 How long in hospital or institution?...

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Dorchester
 City or town... Hurlock - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No... Harrison Ferry
 (If rural, give LOCATION)
 2.(a) If veteran, name war...

3. (a) FULL NAME

R. Herman Conway

3. (b) Social Security Number

None

4. Sex... Male
 5. Color or race... White
 6.(a) Single, married, widowed, or divorced... Single
 6.(b) Name of husband or wife...
 6.(c) If alive, give age... years
 7. Birth date of deceased (mo., day, yr.)... September 25, 1974
 8. AGE: Years... 72 Months... 11 Days... 7 If less than one day... hrs. ... min.

9. Birthplace... Dorchester County, Maryland
 (Town, county, and state)

10. Usual occupation... Farmer

11. Industry or business... Farm

12. Name... Robert H. Conway

13. Birthplace... Dorchester County, Maryland

14. Maiden name... June L. Redford

15. Birthplace... Dorchester County, Maryland

16. Informant... Miss Lila M. Conway

Address... Hurlock, Maryland, R.F.D.

17. Burial (Burial, cremation, or removal. Which?)... Burial Date thereof... September 4, 1977
 (month) (day) (year)

Cemetery or crematory... St. Paul Cemetery

Location... Near Hickmansburg, Maryland

18. Funeral director... J. J. Frampton and Son

Address... Federalburg, Maryland

19. Sept 4 - 19 77 Chas W Hastings
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... September 2, 1977

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from same time as my office called 10:15 19 77

and that I last saw him alive on Sept 1st 19 77

Immediate cause of death... myocardial infarction

and anemia

Due to... under meshment

irregular habits

Due to...

Other conditions...

(Include pregnancy within 8 months of death)

Major findings of operations... Sept 4 Date of op...

Autopsy results...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of...

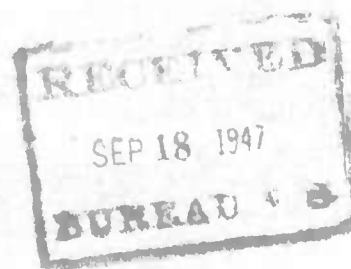
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE... J. J. Frampton M. D. or other

Address... Hurlock, Md Date signed... Sept 4 - 77



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07951

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
 City or town Cambridge, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 7 Days
 Hospital, institution, or street address where death occurred:
Cambridge-Md. Hospital
 How long in hospital or institution? 7 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester
 City or town Cambridge, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 6 Bennett Lane
 (If rural, give LOCATION)
 2.(a) If veteran, name war World War I

3. (a) FULL NAME

Thomas Davis

3. (b) Social Security Number

4. Sex M 5. Color or race Col. 6.(a) Single, married, widowed, or divorced

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) 1894 6.(c) If alive, give age years

8. AGE: Years 53 Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace North Carolina
 (Town, county, and state)

10. Usual occupation Laborer11. Industry or business Phillips Packing Co.12. Name Thomas Whiffield13. Birthplace North Carolina14. Maiden name Martha Davis15. Birthplace North Carolina

16. Informant

Address

17. Cambridge Date thereof Sept 25
 (Burial, cremation, or removal) (month) (day) (year)

Cemetery or crematory Stall ChurchLocation Cambridge18. Funeral director Levin H. BagnallAddress Cambridge19. 9/26/47 19 47 John M. [unclear]

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 25 19 47 at 11:0 A M21. I CERTIFY that death occurred on the date above stated: Not Lapsed deceased from

19 to 19

and that I last saw him alive on 19

Immediate cause of death

Surgeal shockDue to Compound fracture of femurDue to Auto accident - struck by car riding bicycle

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 9-18-47Where did injury occur? W. Trappe Talbot (City or town) (County) (State)Injured at home, farm, industry, public place (where?) #213 - on bridgeMeans of injury Auto accident Injured at work? No23. SIGNATURE Louis J. Mitty M.D. Dep. HealthAddress Boston Ind Date signed 9-25-47

MAINTAIN STATE OF HEALTH

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SEP 29 1947
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MAINTAIN STATE OF HEALTH

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 month - 15 days

Hospital, institution, or street address where death occurred:

Eastern Shore State HospitalHow long in hospital or institution? 1 month - 15 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty DorchesterCity or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No. Andrews

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

Cora Gore

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Widow

6.(b) Name of husband or wife

William Gore

7. Birth date of deceased (mo., day, yr.)

December 8, 1895

6.(c) If alive, give age..... years

8. AGE:

Years

Months

Days

It less than one day

51825

hrs.

min.

9. Birthplace

Andrews, Dorchester County, Maryland

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

FATHER

12. Name

Charles Abbott

13. Birthplace

Deal's Island, Dor. Co., Maryland

MOTHER

14. Maiden name

Mary Jane Willey

15. Birthplace

Andrews, Dorchester County, Maryland

16. Informant

Eastern Shore State Hospital Records

Address

Cambridge, Maryland

17.

burial

Date thereof

9-4-47

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Hart Cemetary

Location

Andrews, Md.

18. Funeral director

Le Compte Funeral Service
Cambridge, Md.

Address

19.

9-3-
(Date rec'd by registrar)

19

47John Mace Jr. md
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 2nd, 19 47, at 11:30A.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 18,19 47, toSept. 219 47and that I last saw h.....er alive on September 2, 19 47

Immediate cause of death

Bronchial Pneumonia.

DURATION

Due to Paresis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause in which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed 9-2-47

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SEP 8 1947

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

57d

07953

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Rural-Woolfords

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 25 Years

Hospital, institution, or street address where death occurred:

WoolfordsHow long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty DorchesterCity or town Rural-Woolfords

(If outside city or town limits, write RURAL and give nearest town)

Street No. Woolfords

(If rural, give LOCATION)

2.(a) If veteran, name war -

3.(a) FULL NAME

Phillip James Higgins

3.(b) Social Security Number

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Married

6.(b) Name of husband or wife

Margaret Davis

7. Birth date of deceased (mo., day, yr.)

Sept. 11, 18976.(c) If alive, give age 48 years

8. AGE:

Years 50Months -Days 7

It less than one day

hrs. min.

9. Birthplace

Hurlock, Dor. Co., Md.

(Town, county, and state)

10. Usual occupation

Fireman

11. Industry or business

FATHER
MOTHER12. Name James Higgins13. Birthplace Hurlock, Md.14. Maiden name Della Laireman15. Birthplace Mardella Springs, Md.

16. Informant

Mrs. Margaret D. HigginsAddress Woolfords, Md.

17. Burial

(Burial, cremation, or removal, Which?)

Date thereof Sept. 20, 1947

(month) (day) (year)

Cemetery or crematory Dorchester Memorial ParkLocation Cambridge, Maryland

18. Funeral director

LeCompte's Funeral ServiceAddress Cambridge, Maryland.

19.

9-19-19 47

(Date rec'd by registrar)

John M. M. M. M.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 17, 1947 at 5:50A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

January 16, 1945 to April 17, 1947and that I last saw him 16 alive on Sept. 16, 1947

Immediate cause of death

Brain Tumor
Rt frontal lobe

DURATION

?

Due to

Due to

Other conditions

Epilepsy

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: no

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

W. D. Higgins
Cambridge, Md.

M. D. or other

Date signed 9/18/47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

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SEP 20 1947

BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

131a

07954

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 53 Years

Hospital, institution, or street address where death occurred:

104 Cedar St.How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty DorchesterCity or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No. 104 Cedar St.

(If rural, give LOCATION)

2.(a) If veteran, name war -

3. (a) FULL NAME

William H. H. Hubbard

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Nannie SewardDied 3/9/19156. (c) If alive, give age - years

7. Birth date of

deceased (mo., day, yr.) May 18, 1874

8. AGE:

Years

73

Months

3

Days

21

If less than one day

hrs.

min.

9. Birthplace Frd # 3, Cambridge, Maryland.

(Town, county, and state)

10. Usual occupation Carpenter11. Industry or business Building12. Name Richard Hubbard13. Birthplace Maryland14. Maiden name Angelina Thomas15. Birthplace Maryland16. Informant Mrs. Raymond W. WrightAddress Cambridge, Maryland17. Burial Date thereof Sept. 11, 1947

(Burial, cremation, or removal, Which?)

(month) (day) (year)

Cemetery or crematory Christ Church CemeteryLocation Cambridge, Maryland18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. 9-11- 19 47

(Date rec'd by registrar)

John Macfarland

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 9, 1947 at 4:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept 5 19 47 to Sept 9 19 47and that I last saw him alive on Sept 8 19 47

Immediate cause of death

Uremia

DURATION

2 days

Due to

arterio sclerotic nephritisunknown

Due to

arterio sclerotic H. D.unknown

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

L. Wanyan

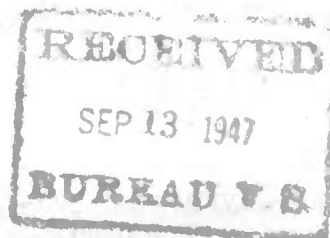
M. D. or other

Address 136 Race St.Date signed 9/10/47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



RECEIVED

SEP 13 1947

BUREAU V S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07955

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:
Choptank Ave.

How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)

Street No. 136 Locust St.
(If rural, give LOCATION)

2.(a) If veteran, name war -

3.(a) FULL NAME

Charles Linthicum Lewis

3.(b) Social Security Number

218-24 - 4949

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife - - - - -

7. Birth date of deceased (mo., day, yr.) March 22, 1931 6.(c) If alive, give age - - - years

8. AGE: Years 16 Months 5 Days 12 It less than one day - hrs. - min.

9. Birthplace Cambridge, Dor. Co., Maryland.
(Town, county, and state)

10. Usual occupation - - - - -

11. Industry or business - - - - -

12. Name Morris L. Lewis, Jr.

13. Birthplace Maryland

14. Maiden name Mary Flemming

15. Birthplace Maryland

16. Informant Mr. Morris L. Lewis, Jr.

Address Cambridge, Maryland.

17. Burial Date thereof Sept. 9, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Dorchester Memorial Park

Location Cambridge, Maryland.

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland.

19. Sept 9 - 19 47 John Mace Jr Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 6, 1947 at 9:30 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19

and that I last saw h. + alive on 19

Immediate cause of death - - - - - DURATION

Shock

Due to Crushing of ribs of

Due to right chest

Other conditions - - - - -

(Include pregnancy within 3 months of death)

Major findings of operations - - - - -

Date of op. - - - - -

Autopsy results - - - - -

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of Sept. 6/47

Where did injury occur? Cambridge - Dor. Mad
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) on street

Means of injury Automobile Injured at work? No

23. SIGNATURE Dr. H. Shivers, Dep. Med. Exam.

M. D. or other -

Address Cambridge, Md Date signed Sept 8/47

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07956

Reg. Dist. No. 111

1. PLACE OF DEATH:

County Dorchester
 City or town Secretary (Rural)
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? about a year
 Hospital, institution, or street address where death occurred:
X
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Dorchester
 City or town Secretary (Rural)
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. X
 (If rural, give LOCATION)
 2.(a) If veteran, name war World War I

3. (a) FULL NAME

Marcum Joseph Mackentee

3. (b) Social Security Number

4. Sex <u>male</u>	5. Color or race <u>white</u>	6. (a) Single, married, widowed, or divorced <u>married</u>
-----------------------	----------------------------------	--

6. (b) Name of husband or wife Gwendell Smith
 7. Birth date of deceased (mo., day, yr.) March 11, 1887
 6. (c) If alive, give age 57 years
 8. AGE: Years 60 Months 6 Days 5 If less than one day
 hrs. min.

MEDICAL CERTIFICATION

20. DATE OF DEATH September 16, 1947 at 5-15A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

X X 19....., to X X 19.....
 and that I last saw him X alive on X X 19.....

Immediate cause of death Haemorrhage
Ulcer of Stomach

DURATION
4 hrs.Due to Ulcer of Stomach 1-2 yrs.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Joseph K. Shriver - Dep. Med. Exam.

M. D. or other

Address Cambridge, Md. Date signed Sep. 16/47

9. Birthplace Minnesota
 (Town, county, and state)
 10. Usual occupation Retired navy man
 11. Industry or business U.S. Navy
 12. Name Joseph Mackentee
 13. Birthplace Minnesota
 14. Maiden name Teresa
 15. Birthplace Minnesota
 16. Informant Mrs. Marcum J. Mackentee
 Address Secretary, Md.
 17. Burial Date thereof Sept 18, 1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Cemetery
 Location Archie, Tex.
 19. Funeral director F. B. T. Bellonghly
 Address East New Market
 19. Sept 16 19 47 Elizabeth C. Smith
 (Date rec'd by registrar) Registrar

RECEIVED

SEP 18 1947

BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07957

Reg. Dist. No. 110

1. PLACE OF DEATH:

County Dorchester
 City or town Harlock - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
Petersburg
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester
 City or town Harlock - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Petersburg
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Josephine Matthews

3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Daniel J. Matthews

6. (c) If alive, give age years

-

7. Birth date of deceased (mo., day, yr.)

April 17, 1873

8. AGE:

Years

Months

Days

If less than one day

7453

hrs.

min.

9. Birthplace

Dorchester County, Maryland
(Town, county and state)

10. Usual occupation

Housework

11. Industry or business

Home

FATHER

12. Name

James Jolley

13. Birthplace

Dorchester County, Maryland

MOTHER

14. Maiden name

Margaret Sanford

15. Birthplace

Dorchester County, Maryland

16. Informant

Mrs. Herbert Jolley

Address

Federalburg, Maryland

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof September 24, 1947
(month) (day) (year)

Cemetery or crematory

Petersburg Cemetery

Location

Near Harlock, Maryland

18. Funeral director

J. J. Trappant & Son

Address

Federalburg, Maryland

19. Sept 24

(Date rec'd by registrar)

1947

Charles Hedding
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 20, 1947 at 11:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

SEPT 9 1947 to SEPT 19 1947
and that I last saw him alive on SEPT 19 1947

Immediate cause of death

CEREBRAL HEMORRHAGE
LEFT

DURATION

2 days

Due to

CEREBRAL ARTERIOSCLEROSIS

Due to

HYPERTENSIVE CARDIO-
VASCULAR DISEASE

Other conditions

Res. dual left Hemiplegia
(Include pregnancy within 8 months of death)

Major findings of operations

None

Date of op.

Autopsy results

None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

W. J. Banks

M. D. or other

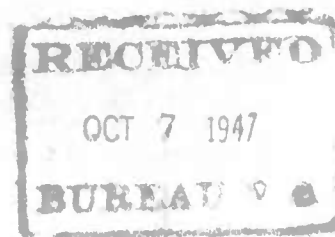
Address

Cambridge Md. Date signed 9/20/47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07958

Reg. Dist. No. 265 116

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 months - 4 daysHospital, institution, or street address where death occurred:
Eastern Shore State HospitalHow long in hospital or institution? 2 months - 4 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County SomersetCity or town Lawsonia District
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Minerva Miles

3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White Widow6. (b) Name of husband or wife Thomas Miles7. Birth date of deceased (mo., day, yr.) 1865 (Month & day unknown)
6. (c) If alive, give age _____ years8. AGE: Years Months Days if less than one day
82 _____ hrs. _____ min.9. Birthplace Somerset County, Maryland
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business _____

12. Name John H. Miles13. Birthplace Somerset County, Maryland14. Maiden name Unknown

15. Birthplace _____

16. Informant Eastern Shore State Hospital RecordsAddress Cambridge, Maryland17. Burial Date thereof Sept. 24, 1947
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Sunny RidgeLocation Crisfield, Md.18. Funeral director Hubbard & CovingtonAddress Main St. Crisfield, Md.19. Sept. 26 19 47 Janice E. Spire
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 22, 19 47 at 9:45 A. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
July 18, 19 47 to September 22, 19 47
and that I last saw h er alive on September 22, 19 47Immediate cause of death Broncho-PneumoniaDue to Senility

Due to _____

Other conditions Senile Psychosis

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Janice E. Spire M. D. or other

Address _____ Date signed _____

RECEIVED
OCT 1 1947
BUREAU # 2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
 City or town Cambridge (Rural)
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? all of life
 Hospital, institution, or street address where death occurred:
R.F.D. #2
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Dorchester
 City or town Cambridge (Rural)
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. R.F.D. #2
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Vendall Charles Molock

3. (b) Social Security Number

4. Sex male 5. Color or race colored 6.(a) Single, married, widowed, or divorced single
 6.(b) Name of husband or wife C
 7. Birth date of deceased (mo., day, yr.) June 17-1947 6.(c) If alive, give age C years
 8. AGE: Years # Months 3 Days 8 If less than one day hrs. min.

9. Birthplace Cambridge Rural
 (Town, county, and state)

10. Usual occupation none

11. Industry or business none

12. Name Gerry Elliott

13. Birthplace Ma

14. Maiden name Arleta Molock

15. Birthplace md

16. Informant Arleta Molock

Address Cambridge - Ma R.F.D. #2

17. Coled town Date thereof Sept 26
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Union Bethel

Location Meader Cambridge

18. Funeral director Levin H. Dammers

Address Cambridge Md

19. 9/26/47 19 47 John Mace md
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 25 19 47 at 8 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from # 19 # to # 19 #
 and that I last saw h. # alive on # 19 #

Immediate cause of death could get no history DURATION
on which to base a probable
cause - child was in good
shape - had no difficulties.
Died suddenly - was nursed
at 7 A.M. also when picked
up at 10 A.M. was dead. No injuries
 Other conditions Death - natural
left chest foot
 (Include pregnancy within 3 months of death)

Major findings of operations.....Date of op.....

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
 Accident, suicide, or homicide..... Date of

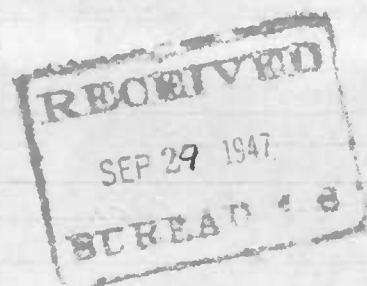
Where did injury occur?.....
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of Injury..... Injured at work?

23. SIGNATURE Dr. H. Shivers Dep Med Exam
 M. D. or other

Address Cambridge - Md. Date signed Sept 26/47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07960

CERTIFICATE OF DEATH

Reg. Dist. No. 115-1

1. PLACE OF DEATH:

County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 1 month - 21 days
Hospital, institution, or street address where death occurred:
Eastern Shore State Hospital
How long in hospital or institution? 1 month - 21 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Somerset
City or town Princess Anne
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2. (a) If veteran, name war _____

3. (a) FULL NAME

Roberta C. Morris

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Single
6. (b) Name of husband or wife _____
6. (c) If alive, give age _____ years
7. Birth date of deceased (mo., day, yr.) September 8, 1894
8. AGE: Years 53 Months -- Days 13 If less than one day _____ hrs. _____ min.

9. Birthplace Princess Anne, Somerset County, Maryland
(Town, county, and state)

10. Usual occupation None

11. Industry or business _____

12. Name John W. Morris
13. Birthplace Princess Anne, Somerset Co., Md.
14. Maiden name Clara Cofonna
15. Birthplace Eastville, Virginia

16. Informant Eastern Shore State Hospital Records

Address Cambridge, Maryland

17. Buried Date thereof 10-24-1947
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Manokin

Location Princess Anne

18. Funeral director W. Smith

Address Princess Anne

19. Sept 20, 19 47
(Date rec'd by registrar)

John Morris Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 21, 19 47 at 10:00 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 31, 19 47 to September 21 19 47
and that I last saw h. er alive on September 21, 19 47

Immediate cause of death Broncho-pneumonia

DURATION

Due to _____

Other conditions Congenital Idiocy

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE _____

M. D. or other

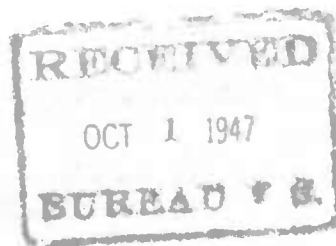
Address _____ Date signed _____

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

465

07961

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County... DorchesterCity or town... Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 67 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For new born infants give residence of mother)

State... Maryland County... DorchesterCity or town... Cambridge
(If outside city or town limits, write RURAL and give nearest town)Street No. 105 Locust St.
(If rural, give LOCATION)2(a) If veteran, name war none

3. (a) FULL NAME

Margaret K. Mundy

3. (b) Social Security Number

none

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female white Widowed6. (b) Name of husband or wife G. Warren Mundy6. (c) If alive, give age years7. Birth date of deceased (mo., day, yr.) Dec 29, 18558. AGE: Years Months Days If less than one day
91 8 7 hrs. min.9. Birthplace Baltimore, Md.
(Town, county, and state)10. Usual occupation Housewife11. Industry or business Wine appecgarthFATHER 12. Name Wine appecgarth13. Birthplace BaltoMOTHER 14. Maiden name Elizabeth Ann Mitchell15. Birthplace Balto16. Informant Elizabeth A. MundyAddress 105 Locust St., Cambridge17. Burial (Burial, cremation, or removal Which?) Date thereof 9-8-47
(month) (day) (year)Cemetery or crematory Christ ChurchLocation Cambridge Md.18. Funeral director Hermyth R. ThomasAddress Cambridge, Md19. Sept 8, 1947 (Date rec'd by registrar) Registrar John Macey MD

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 6 19 47, at 5 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 19 47, to Sept 6 19 47and that I last saw him/her alive on Sept 5 19 47Immediate cause of death Haemorrhage Gastric

DURATION

1 wkDue to Carcinoma Gastric 1 yrDue to —Other conditions —

(Include pregnancy within 8 months of death)

Major findings of operations —Date of op. —Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statitically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —Means of injury — Injured at work? —23. SIGNATURE W. K. Shriver, M.D.

M. D. or other

Address Cambridge - Md Date signed Sept 4/47

RECEIVED

SEP 9 1947

BUREAU 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93 d

07962

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 9 months 3 daysHospital, institution, or street address where death occurred:
Eastern Shore State HospitalHow long in hospital or institution? 9 months 3 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WorcesterCity or town Snow Hill
(If outside city or town limits, write RURAL and give nearest town)Street No. unknown
(If rural, give LOCATION)2.(a) If veteran, name war unknown

3. (a) FULL NAME

Wilton Mors

3. (b) Social Security Number

unknown

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

malewhitesingle6.(b) Name of husband or wife unknown7. Birth date of deceased (mo., day, yr.) unknown8. AGE: Years Months Days if less than one day
70 ? unknown hrs. min.9. Birthplace unknown
(Town, county, and state)10. Usual occupation unknown11. Industry or business unknown12. Name unknown13. Birthplace unknown14. Maiden name unknown15. Birthplace unknown16. Informant Eastern Shore State Hospital RecordsAddress Cambridge, Maryland17. Burial Date thereof Sept. 14, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Eastern Shore Hospital Cem.Location Cambridge, Maryland18. Funeral director LeCompte Funeral ServiceAddress Cambridge, Maryland19. 9-13- 19 47 John Macafer Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH September 12 19 47 at 8:00 A.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
December 8 19 46 to September 12 19 47
and that I last saw him alive on September 12 19 47Immediate cause of death Arteriosclerotic cardio-vascular disease

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Grace M. Branscombe, M. D., D. O. or otherAddress Eastern Shore State Hospital Date signed 9-12-47

RECEIVED

SEP 17 1947

BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

112

07963

Reg. Dist. No. 116

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:
306 Springfield Ave.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)

Street No. 306 Springfield Ave.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Tony Parella

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Gertie Elzey

6.(c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) Feb. 7, 1887.

8. AGE: Years 60 Months 7 Days 20 It less than one day
.....hrs.min.

9. Birthplace Naples, Italy
(Town, county, and state)

10. Usual occupation Canning-Fur Trader
II II II

11. Industry or business

12. Name Anthony Parella

13. Birthplace Italy

14. Maiden name Not Known

15. Birthplace II II

16. Informant Mrs. Gertie Parella

Address Cambridge, Maryland

17. Burial Date thereon Sept. 29, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Dorchester Memorial Park

Location Cambridge, Maryland

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland.

19. Sept 29 1947 Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH September 27, 1947 at 4:45A M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
Oct 3, 1946 to Sept 27, 1947
and that I last saw him alive on Sept 27, 1947

Immediate cause of death myocardial failure DURATION 1/2 hr

Due to bronchial asthma

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

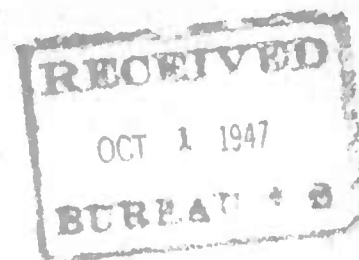
23. SIGNATURE L. Maryanov M. D. or other

Address Cambridge Md. Date signed 9/29/47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctness is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

 07964
 Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 42 Years
 Hospital, institution, or street address where death occurred:
411 Choptank Ave.
 How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 411 Choptank Ave.
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Levin P. Richardson

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Bessie E. Hassett
 6.(c) If alive, give age 67 years
 7. Birth date of deceased (mo., day, yr.) April 26, 1873
 8. AGE: Years 73 Months 4 Days 18 If less than one day
hrs.min.

9. Birthplace Church Creek, Maryland
 (Town, county, and state)
 10. Usual occupation Painter
 11. Industry or business Painter
 12. Name Levin Richardson
 13. Birthplace Maryland
 14. Maiden name Hester Richardson
 15. Birthplace Maryland

16. Informant Mrs. Bessie H. Richardson
 Address Cambridge, Maryland
 17. Burial Date thereof Sept. 16, 1947
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory Dorchester Memorial Park
 Location Cambridge, Maryland
 18. Funeral director LeCompte's Funeral Service
 Address Cambridge, Maryland.

19. 9-16- 19 47 John Mace Jr. and
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 14, 1947 at 2:30P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Aug 1 19 47 to Sept 14 19 47
 and that I last saw him alive on Sept. 13/ 19 47

Immediate cause of death Angina
 DURATION 1 day

Due to Myocardial infarction
 DURATION 6 hrs.

Due to Myocardial Regurgitation

Other conditions
 (Include pregnancy within 3 months of death)

Major findings of operations
 Date of op.

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, till in the following:
 Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Jos. K. Shainin, M.D.
 M. D. or other
 Address Cambridge, Md. Date signed Sept 15/47

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SEP 20 1947

BUREAU 78

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. *M/S*

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

170C

07965

CERTIFICATE OF DEATH

Reg. Dist. No. *11C*

1. PLACE OF DEATH:

County..... **Dorchester**
 City or town..... **Cambridge**
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... **3 weeks**
 Hospital, institution, or street address where death occurred:
Cambridge-Maryland Hospital
 How long in hospital or institution?..... **3 weeks**

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State..... **Maryland** County..... **Dorchester**
 City or town..... **Vienna**
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. **X X**
 (If rural, give LOCATION)
 2. (a) if veteran, name war.....

3. (a) FULL NAME

Samuel Smith

3. (b) Social Security Number

4. Sex..... **male**
 5. Color or race..... **colored**
 6. (a) Single, married, widowed, or divorced..... **unknown**
 6. (b) Name of husband or wife..... **so far no family history**
 is obtainable
 6. (c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.) ? **Dec. 25, 1866 from factory**
 8. AGE: Years **80** Months **8** Days **10**
 If less than one day..... hrs. min.

9. Birthplace..... ?
 (Town, county, and state)

10. Usual occupation..... **laborer**

11. Industry or business..... **varied**

12. Name..... **unknown**

13. Birthplace.....

14. Maiden name..... **Unknown**

15. Birthplace.....

16. Informant..... **Hospital Records**

Address.....

17. (Burial, cremation, or removal. When?) **Burial** Date thereof..... **9-9-47**
 (month) (day) (year)

Cemetery or crematory..... **Green City**

Location..... **Cambridge Md**

18. Funeral director..... **L. Baughman**

Address..... **Cambridge Md**

19. **9-8-47** 19..... **John Marshall**
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... **Sept. 4, 1947** at **9-4P**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
X X 19..... to..... **X X** 19.....

and that I last saw him..... **X X** alive on..... **X X** 19.....

Immediate cause of death.....

Exhaustion
 following Fractures of both **23**
 lower legs: all ribs except **days**
 the upper ones, followed by a
 Pneumo-Thorax; Fracture of
 Skull with a persistent loss
 of consciousness almost complete.

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... **accident** Date of..... **Aug. 12/47**

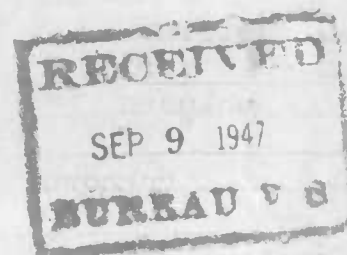
Where did injury occur? **nr. Vienna - Dor. Co. Md.**
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)..... **on road**

Means of injury..... **automobile** Injured at work?..... **no**

23. SIGNATURE..... **John Marshall**
 M.D. or other

Address..... **Cambridge, Md.** Date signed..... **Sept. 6/47**



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07966

Reg. Diat. No. 116

1. PLACE OF DEATH:

County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 50 years
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Dorchester
 City or town Cambridge Md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Rural
 (If rural, give LOCATION)
 2.(a) If veteran, name war none

3. (a) FULL NAME

Benjamin S. Willey

3. (b) Social Security Number

212-14-4386

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Evelyn Cooke

7. Birth date of deceased (mo., day, yr.) Sept 19-1891 6.(c) If alive, give age 38 years

8. AGE: Years 56 Months 0 Days 0 If less than one day hrs. min.

9. Birthplace James Island, Dor Co.
 (Town, county, and state)

10. Usual occupation Carpenter

11. Industry or business

12. Name Samuel T. Willey

13. Birthplace Dor Co.

14. Maiden name Sarah A. Matthews

15. Birthplace Dor. Co.

16. Informant Mrs Evelyn Cook Willey

Address Cambridge Md

17. Burial Date thereof Sept-21-1947
 (Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Dorchester Memorial Park

Location Cambridge, Md.

18. Funeral director Funerary Services

Address Cambridge, Md.

19. 9-21-1947 John Macgovern
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 19 1947 at 2:10 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 2, 1947 to Sept 19, 1947
 and that I last saw him alive on Sept 19, 1947

Immediate cause of death

Myocardial failure DURATION 1 day

Due to Arterio sclerotic Heart Disease unknown

Due to Arterio sclerotic nephritis unknown

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE Lawrence Maryanov M. D. or other

Address 136 Race St. Cambridge, Maryland Date signed 9/20/47

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SEP 24 1947

BUREAU 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

97

07967

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
 City or town Rural-Robbins
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
Robbins
 How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Dorchester
 City or town Rural-Robbins
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Robbins
 (If rural, give LOCATION)
 2. (a) If veteran, name war -

3. (a) FULL NAME

Sarah E. Willey

3. (b) Social Security Number

-

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed
 6. (b) Name of husband or wife Mack Willey
 (Died 1932) 6. (c) If alive, give age - years
 7. Birth date of deceased (mo., day, yr.) May 5, 1855
 8. AGE: Years 92 Months 3 Days 12 If less than one day - hrs. - min.

9. Birthplace Robbins, Dor. Co., Maryland
 (Town, county, and state)

10. Usual occupation - - - - -

11. Industry or business - - - - -

FATHER 12. Name James Insley
 13. Birthplace Maryland
 MOTHER 14. Maiden name Sarah Wroten
 15. Birthplace Maryland

16. Informant Mr. Campbell Robbins
 Address Robbins, Maryland

17. Burial Burial Date thereof Sept. 19, 1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Sandy Island Cemetery

Location Robbins, Dor. Co., Maryland

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland.

19. 9-19- 19 47 John MacFarland
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 17 19 47 at 4:15 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 1 19 47 to Sept. 5 19 47
 and that I last saw her alive on Sept. 5 19 47

Immediate cause of death Arterio-sclerosis DURATION 6 mo.

Due to - - - - -

Due to - - - - -

Other conditions - - - - -

(Include pregnancy within 3 months of death)

Major findings of operations - - - - -

Date of op. - - - - -

Autopsy results - - - - -

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide - - - - - Date of - - - - -

Where did injury occur? - - - - - (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) - - - - -

Means of injury - - - - - Injured at work? - - - - -

23. SIGNATURE P. H. Tarace M. D. or other - - - - -

Address Cambridge, Md. Date signed 9/19/47

RECEIVED

SEP 20 1947

BUREAU V B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07968

Reg. Dist. No. 111

1. PLACE OF DEATH:

County Dorchester
 City or town East New Market Md
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 30 years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Md. County Dorchester
 City or town East New Market
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Emma Victoria Young

3. (b) Social Security Number

4. Sex Female 5. Color or race Caucas 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife _____
 7. Birth date of deceased (mo., day, yr.) March 3, 1879 6. (c) If alive, give age _____ years
 8. AGE: Years 68 Months 6 Days 11 If less than one day _____ hrs. _____ min.

9. Birthplace Cabin Creek Md
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business _____

12. Name Ed Hurlock13. Birthplace Hurlock Md14. Maiden name Elizabeth C. Smith15. Birthplace Hurlock Md16. Informant Sunny YoungAddress East New Market17. Burial, cremation, or removal (Which?) Burial Date thereof 9-18-47
(month) (day) (year)Cemetery or crematory CountryLocation East New Market Md18. Funeral director F. B. McLaughlinAddress East New Market19. Sept 17 19 47 Elizabeth C. Smith
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 15 19 47 at 6:30 A.M.21. CERTIFY that death occurred on the date above stated; that I attended deceased from September 2 19 47 to Sept. 15 19 47 and that I last saw her alive on Sept. 15, 1947 19 _____Immediate cause of death Hemorrhage of bowel DURATION 5 hoursDue to Carcinoma of bowel 1 yr +

Due to _____

Other conditions Carcinoma of liver 2 weeks
- metastatic -
(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE W. Harrison MD M. D. or other _____Address Hurlock Md Date signed 9/16/47

RECEIVED

SEP 24 1947

BUREAU OF